







Please read instructions on reverse before completing form.

 <div style="display: inline-block; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Registration </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Amendment </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Other </div>	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 100-791		2. EPA Product Manager Ms. Hope Johnson	
4. Company/Product (Name) Mefenoxam Technical		3. Proposed Classification <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> None <input type="checkbox"/> Restricted </div>	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Amendment - Explain below. </div> <div style="width: 50%;"> <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Resubmission in response to Agency letter dated _____ </div> <div style="width: 50%;"> <input type="checkbox"/> "Me Too" Application. </div> <div style="width: 50%;"> <input type="checkbox"/> Notification - Explain below. </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Other - Explain below. </div> </div>			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.). Syngenta Crop Protection, LLC petitions for a tolerance for Mefenoxam Technical (EPA Reg. No. 100-791) in or on Oilseed Crop Group 20; except Cotton, undelinted seed; Sunflower, forage; and Sunflower, seed; based on existing data.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
*Certification must be submitted		If "Yes" Unit Packaging wgt. No. per Container	If "Yes" Unit Packaging wgt. No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Bulk	
5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	
<input checked="" type="checkbox"/> Other Pressure Sensitive			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Tammy Tyler, Ph. D.		Title Regulatory Product Manager	
Telephone No. (Include Area Code) 336-632-5688			
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Product Manager	
4. Typed Name Tammy Tyler, Ph. D.		5. Date 9/23/2014	

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number Notification
Application for Pesticide - Section I			
1. Company/Product Number 100-791		2. EPA Product Manager Ms. Hope Johnson	
4. Company/Product (Name) Mefenoxam Technical		3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.). Syngenta Crop Protection, LLC. is submitting this notification to update the Mefenoxam Technical (EPA Reg. No. 100-791) confidential statement of formula (CSF) with this revised CSF No. 455/3. Per EPA PR Notice 98-10, section III. B.1, this revision may be submitted by notification. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other: <u>Pressure Sensitive</u> <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Tammy Tyler		Title Regulatory Product Manager	
		Telephone No. (Include Area Code) 336-632-6055	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Product Manager	
4. Typed Name Tammy Tyler		5. Date March 11, 2015	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 100-791		2. EPA Product Manager Mr. Tony Kish/Ms. Barbara Madden	
4. Company/Product (Name) Mefenoxam Technical		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.). Syngenta Crop Protection, LLC, herewith authorizes the Registration Division of the Office of Pesticide Programs of the Environmental Protection Agency to refer to all Mefenoxam or Metalaxyl data submitted by Syngenta which are considered necessary to support the IR-4 petition for residue tolerances of Mefenoxam use on wasabi, cacao bean and crop group expansion from kiwifruit to Fruit, small, vine climbing, except grape, Crop subgroup 13-07E.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 PINT, 1 GALLON	
5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other ___PRESSURE SENSITIVE <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Tammy Tyler		Title Regulatory Product Manager Regulatory Affairs Department	
		Telephone No. (Include Area Code) 336-632-6055	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Product Manager Regulatory Affairs Department	
4. Typed Name Tammy Tyler		5. Date July 24, 2017	



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 100-791	2. EPA Product Manager Mr. Nathan Mellor	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Mefenoxam Technical	PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For Section I and Section II.).



Syngenta Crop Protection, LLC herein is submitting an amendment to add a new supplier, [REDACTED] for the raw material [REDACTED] used in the manufacturing process of our Mefenoxam Technical (EPA Reg. No. 100-791).

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
*Certification must be submitted		If "Yes" Unit Packaging wgt. No. per Container	If "Yes" Unit Packaging wgt. No. per container		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____ PRESSURE SENSITIVE			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Nestor Algarin		Title Regulatory Product Manager	
		Telephone No. (Include Area Code) 336-632-2106	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Product Manager	
4. Typed Name Nestor Algarin		5. Date July 13, 2021	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 100-791		2. EPA Product Manager Ms. Cynthia Giles-Parker	
4. Company/Product (Name) Mefenoxam Technical		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. _____ <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below. _____			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.). Syngenta Crop Protection, LLC, herein, is submitting an application to amend tolerances for the active ingredients Metalaxyl and Mefenoxam in or on Crop Groups 4 and 5 to Crop Group 4-16A, 4-16B, 5-16, 22A and 22B, also Crop Group 8 to 8-10, 20C in addition to 6B and label changes to Mefenoxam Technical (EPA Reg. No. 100-791).			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*Certification must be submitted</i>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ PRESSURE SENSITIVE <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Nestor Algarin		Title Regulatory Product Manager	Telephone No. (Include Area Code) 336-632-2106
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Product Manager	
4. Typed Name Nestor Algarin		5. Date November 23, 2021	